3	UTILITY	Attorney Docket No.	ARC 2483N2	Ē.
P	Under the Paperwork Reduction Act of 1995, no persons are required	to respond to a collection	of information unless it di	splays a valid OMB control number
=		Patent		S. DEPARTMENT OF COMMERC
≡ °	Please type a plus sign (+) inside this box → +		Approved for use three	ough 09/30/2000. OMB 0651-003
33 to 1				PTO/SB/05 (4/98
= -				
0				

First Inventor or Application Identifier Atul Aver

PATENT APPLICA		Title TIN	FORM DRUG	DELIVER	VTHERAPY	<u> "ES</u>
I IRANSMIITAL —				523935314		200
		,				22
APPLICATION ELEMEI See MPEP chapter 600 concerning utility pa			ADDRESS TO	Assistant Co Box Patent A Washington		jo
X * Fee Transmittal Form (e.g. (Submit an original and a duplice 2. X Specification (preferred arrangement set forth - Descriptive title of the Invei - Cross References to Relati - Statement Regarding Fed	Total Pages 39 Each 100] 1 ⁶	Nucleotide and/o (if applicable, ali a. Co b. Pa	or Amino Acid S necessary) mputer Readab per Copy (ident	gram (Appendix) Sequence Submission Ble Copy Ical to computer copy) In identity of above copy	
 Reference to Microfiche Ap Background of the Invention 	•				LICATION PARTS	nes
- Brief Summary of the Inver - Brief Description of the Dra - Detailed Description - Claim(s) - Abstract of the Disclosure 3. X Drawing(s) (35 U.S.C. 113) 4. Oath or Declaration a. Newly executed (original programs of the Continuation/division) i. Description of Signed state inventor(s) has	ITotal Sheets 3 [Total Sheets 3 [Total Pages 5 ginal or copy) pileation (37 C.F.R. § EINVENTORIS) ment attached deletin med in the prior applic \$\$5 16.30(2) and \$\$100 pt 100 pt 1	13 19 14 3(b). 15 20 20 20 20 20 20 20 20 20 20	Assignmen 37 C.F.R.S. (when ther. English Tr. X Information Statement X Preliminar X Should be Statement CFT05E09 (if foreign	nt Papers (cove 63.73(b) Stateme is an assigne anslation Docuin Disclosure (IDS)/PTO-144 y Amendment ceipt Postcard a specifically ite itity (s) Statement Statement (s) S	or sheet & document(s, event X Power of Attorney X Power of Attorney Y Power of Attorney Y Power of Y Powe	OS Dication
16. If a CONTINUING APPLICATION Continuation Prior application information: Exam For CONTINUATION or DIVISIONAL APP under Box 4b, is considered a part of the reference. The incorporation gan_only by	Continuation-in- SEIDLECK Sonly: The entire discless disclosure of the according	part (CIP) , B. osure of the mpanying co	of prior applica Grouprior application, frontinuation or division	tion No: 09/60 up / Art Unit: 161 om which an oat ional application	2,916 15 th or declaration is supplement is hereby incorporate	ated by
	17. CORRESPO	NDENCE	ADDRESS			
Customer Number or Bar Code Labe	I (Insert Customer No.	22921 or Attach bar	code label here)	or 🗆 Corri	espondence address belo	w
Name						
Address						
City	Stat	'e		Zip Code		
Country	Telephone			Fax		
Name (Pnnt/Type) Robert R. Ne Signature	yer Allen		Registration No. (/	Miomey/Agent) Date	46,950 9/25/01	$\overline{}$

Budset Hour Statement "Mild form is destricted to the 0.2 hours to complete. Three will vary deponding upon the market of the handwald case." Any committee on the amount of term you give mentioned the monitor of term you give mentioned to make the should be seen to be of the handwald case. Any committee on the amount of term you give mentioned the proposed that the should be seen to the Order throughout the Commission of the Amount of the Commissioner for Patents, the Patent Application, Washington, DC 20231.

PTC/SB/17 (12/99) Approved for use through 09/30/2000. OMB 0651-0032

Inder the Paperwork Reduction Act of 1995	5, no persons are required to	respond to a collection of info	propertion unless it displays a valid OMB control number	
FEE TRANS	MITTAL	Complete if Known		
_		Application Number		
for FY 2000 Patent feas are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity feas must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.				
		First Named Inventor	Atul Ayer	
		Examiner Name	SEIDLECK, B.	
		Group / Art Unit	1615	
TOTAL AMOUNT OF PAYMENT	(\$)870.00	Attorney Docket No.	ARC 2483N2	
METHOD OF PAYMENT	(check one)	FEE C	ALCULATION (continued)	

1.7070.00	Attorney Docket No. ALRC 24831N2			
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)			
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to. Deposit	3. ADDITIONAL FEES Large Entity Small Entity Fee	Fee Paid		
Account 01-1173	Code (\$) Code (\$) 105 130 205 65 Surcharge - late filing fee or oath			
Deposit	127 50 227 25 Surcharge - late provisional filing fee or	0.00		
Account Name ALZA Corporation	cover sheet	0.00		
	139 130 139 130 Non-English specification	0.00		
Under 37 CFR §§ 1 16 and 1 17	147 2,520 147 2,520 For filing a request for reexamination	0.00		
2. Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action	0.00		
Check Money Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	0.00		
FEE CALCULATION	115 110 215 55 Extension for reply within first month	0.00		
1. BASIC FILING FEE	116 380 216 190 Extension for reply within second month	0.00		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	117 870 217 435 Extension for reply within third month	0.00		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118 1,360 218 680 Extension for reply within fourth month	0.00		
101 690 201 345 Utility filing fee 710.00	128 1,850 228 925 Extension for reply within fifth month	0.00		
106 310 206 155 Design filing fee	119 300 219 150 Notice of Appeal 120 300 220 150 Filing a brief in support of an appeal	0.00		
107 480 207 240 Plant filing fee	100 100 100	0.00		
108 690 208 345 Reissue filing fee	121 280 221 130 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding	0.00		
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable	0.00		
SUBTOTAL (1) (\$) 710.00	141 1,210 241 605 Petition to revive - unintentional	0.00		
2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	0.00		
Fee from Extra Claims below Fee Paid	143 430 243 215 Design issue fee	0.00		
Total Claims 15 -20** = 0 × 18 = 0	144 580 244 290 Plant issue fee	0.00		
Claims - E - Tuny	122 130 122 130 Petitions to the Commissioner	0.00		
Multiple Dependent =()	123 50 123 50 Petitions related to provisional applications	0.00		
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126 240 126 240 Submission of Information Disclosure Stmt	0.00		
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)	0.00		
103 18 203 9 Claims in excess of 20	146 690 246 345 Filing a submission after final rejection			
102 78 202 39 Independent claims in excess of 3	(37 CFR § 1.129(a)) 149 690 249 345 For each additional invention to be	0.00		
104 260 204 130 Multiple dependent claim, if not paid	149 690 249 345 For each additional invention to be examined (37 CFR § 1.129(b))	0.00		
109 78 209 39 "Reissue independent claims over onginal patent	Other fee (spearfy)	0.00		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)	0.00		
SUBTOTAL (2) (\$) 160.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00				
SUBMITTED BY Complete (if applicable)				
Name (Print/Type) Robert, R. Neller	Registration No. (Attorney/Agent) 46,950 Telephone 650-564-	5171		
Signature Offit Miller	Date 9-25-			

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hoar Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are recipited to complete this form should be sent to the Cint Information Officer, Patent and Trademark Office. Washington, DC 20231 DO NOT SEAD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

CERTIFICATE OF 1 Applicant(s): AYER, At	MAIL" (37 CFR 1.10)	Docket No. ARC 2483 N2		
Serial No.	Filing Date	Examiner	Group Art Unit	
nvention: UNIFORM I	DRUG DELIVERY THERAPY			
Utility Patent Application	of following correspondence: on Transmittal, 1 p; Fee Transmit; Patent Application, 39pp; Copy	ttal, 2 pp; Preliminary Amendment of Declaration, 5 pp; Drawings, 3	, 10 pp; Copy of IDS, 3 sheets and postcard	
	(Identify type o	f correspondence)		
		te "Express Mail Post Office to Ac at Commissioner for Patents, Was Maria E. Valenzu (Typed or Printed Name of Person Mailin	hington, D.C. 20231 on ela g Correspondence)	
	(Mignature of Person Mailing Corrédondence) EL 523 935 314 US ("Express Mail" Mailing Label Number)			
	Note: Each paper must hav	e its own certificate of mailing.		